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Communications.

BIOGRAPHICAL SKETCH

OF THE LATE

WILLIAM GIBSON, M.D., LL.D., ETC.

BY SAMUEL W. FRANCIS, M.D.

Dr. GIBSON, a native of Maryland, for many years a resident of Philadelphia, and Professor of Surgery in the University of Pennsylvania; and lately a citizen of Newport, Rhode Island, was born, a twin, in the city of Baltimore, 1788, and died at Savannah, Georgia, March 2, 1868, aged 80 years.

When a youth, he attended Annapolis College, at that time governed by Dr. McDOWELL, President of the institution.

He afterwards entered the Sophomore Class at Princeton College, New Jersey.

In 1806 he visited Europe, and pursued his studies in the University of Edinburgh, whence he was graduated Doctor of Medicine in 1809, and soon after published his thesis in Latin. This may be read at the present time with pleasure to the ear, and instruction to the mind, so easily does it flow; so euphonious is the choice of words; forming, as it were, an oasis in the arid plains of school book dissertations, so common at that time; when, in order to become a medical man, the young aspirant was forced to appear classical. This is an additional proof that compulsory work may be thorough; but voluntary labor is richer in its results, and more congenial to the observer's taste.

While at Baltimore, Dr. GIBSON entered the office of Dr. JOHN OWEN; and when he went abroad, profited by the instruction of Sir CHARLES BELL, whose celebrated work on the "Hand," is deemed by many scholars the most fascinating of all the Bridge-

water Treatises. Dr. GIBSON often met BENJAMIN ROBERT HAYDON, that nervously enthusiastic painter, at Sir CHARLES BELL's office, while the latter was dissecting a lion, for anatomical purposes, whose head was painted in a bold and truthful manner, by the distinguished anatomist himself—the possession of which Dr. GIBSON prided himself on, and took pleasure in showing to those of his friends who visited his curious and valuable collection of works of art.

Dr. GIBSON practiced in Baltimore in 1810, and was one of the founders of the University of Maryland, where for some years he held the responsible position of Professor of Surgery. In 1812, he took up the common iliac artery, and rendered essential service during the memorable riots in that energetic city. In 1810, he married Miss SARAH CHARLOTTE HOLLINGSWORTH, daughter of SAMUEL HOLLINGSWORTH, Esq., of Baltimore, by whom he had two daughters and three sons. By a second marriage, he had three children. His religious faith was that of the Protestant Episcopal Church.

His favorite branch of practice was ever that of surgery, being of a mechanical turn of mind, which taste developed itself at an early age; for when but seventeen, he built a small house, for his amusement, in Baltimore, then a row-boat; and even at the advanced age of eighty, he continued to work at his bench, for oh calling on him a few months since, he took me over his shop, and pointed out each tool, particularly dwelling on the beneficial effects of such work to one afflicted with gastric neuralgia.

Among his many accomplishments might be mentioned a peculiar skill in painting; playing on musical instruments, particularly the violin, and a *con amore* taste for stuffing birds of a strange genus that he might shoot during his hunting expeditions.

In speaking of the practice of medicine, "My friend," said he, "men get along by

tact more than by talent. I have known a doctor who acquired a large practice, though he was a man of no extraordinary ability, because his address and appearance were gentlemanly, and he had the power of being able to sit down by any bedside and cry with assumed sympathy for the patient's sufferings. COOPER was a great man, but he did not possess the ability of BELL."

In 1809, during his first sojourn abroad, though quite young, on hearing that the battle of Corunna was about to be fought, he obtained letters from influential friends, and receiving some merely formal appointment, through the agency of this official position, went on board a transport and was present during the engagement; at the very time that Sir JOHN MOORE was shot by the French, a fact memorable in literature, from those effective lines:

"Not a drum was heard, not a funeral note," etc.

On another occasion Dr. GIBSON, though a mere youth, was taken by Sir ASTLEY COOPER to see him operate for hernia on some learned author of celebrity; an honor which, in common with others, he was very fond of narrating to social friends.

While going through the wards of a hospital with VELPEAU, that surgeon brought him to the bedside of two men who were under treatment for some slight fracture. "Would you believe it," said VELPEAU, "those men have made a living for the last fifteen years, by being knocked down and run over. When they see a light wagon driven by some wealthy person, coming by, they step across the street, and are sure to be run over, picked up, carried to the hospital, and sue for damages; and when their money becomes exhausted, they begin again. Nearly every bone in their bodies has been broken."

Dr. GIBSON was travelling in the vicinity of Waterloo, at the time of the battle, and immediately secured the means of being present at that engagement, during which, he informed me, he was slightly wounded. It was also his privilege to remove the ball from WINFIELD SCOTT at the battle of Lundy's Lane. (This fact is mentioned in General SCOTT's autobiography.)

During his European experience, it was his good fortune to meet with, see, and become intimate with many of the most

prominent men of this century, described in a genial manner in his "Rambles."—Among these may be mentioned Napoleon Bonaparte, Lord Byron, the two Moores, Dugald Stewart, Sir David Baird, Horace Hastings, Benjamin Brodie, Sir James Clark, Lord Jeffrey, Bell, Roget, Madame Lafayette, Dr. Bostock, Ricord, Dr. Hastings of Worcester, Sir Harry Halford, Abernethy, Pott, Hunter, Victor Hugo, etc.

Having visited nearly every captivating quarter of the civilized globe, Dr. GIBSON gave the preference (saving Guernsey) to Newport in summer, and Savannah and Florida in winter, as regards climate. His health from youth was most excellent, owing to continued out-door exercise, which resulted in almost marvellous physical power. When quite young he was trained under the famous JACKSON of America, and when in London took lessons of the well known Tom Belcher. His height was five feet nine inches, and weight one-hundred and sixty pounds. Even up to a few days before his death, while visiting the South, Dr. GIBSON followed the pursuit of ISAAC WALTON; and often, last summer, might he be seen in his little phaeton driving down with some friend to the neighboring pond of fresh water, where, with the skill of an old fisherman, he launched his own craft, made fast by some mysterious padlock of the middle ages. Ere many minutes, he was engaged in unhooking very fine perch.

Having seen much of society, many years ago, the doctor spent most of his time either driving, or in what he quaintly styled his cottage—his "Pill Box,"—where he was accustomed, after the manner of ROGERS, to entertain his friends at breakfast. During those occasions, it was not only interesting and instructive to listen to his rare conversational powers, but to the anecdotes, some "*pars magna fui*," others that had been heard applied to every object, all which caused the time to roll by with rapid strides.

One of his peculiarities was keeping his journal. This he had done for over sixty years, and it embraced something in the neighborhood of one-hundred and fifty volumes. In it he recorded all changes of the weather, his visitors, and his criticisms on anything remarkable in their appearance

or conversation; his opinion of any event of note; and each receipted bill handed him would be pasted in. During his residence in Philadelphia, he was not infrequently summoned to appear at court, with his journal as evidence concerning some railroad accident, many months before, on which occasion he was known to be present, as it was presumed he had written down the result of the collision on the very day it had occurred. A most interesting life of him ought to be published from this journal, and his letters.

Dr. GIBSON never smoked; but told me that when three years old he had got hold of a cigar, and it had nearly killed him. He had been Vice-President of the Anti-Tobacco Society in London years ago. He considered smoking injurious to the nervous system, and that it promoted blindness; that the nicotine entered the globules and passed into the circulation. By not smoking, he believed that he had added some twenty years to his life.

His appearance was that of a gentleman who had seen much of the world, while the expression of his eye seemed to possess all the power of youth; and his aquiline nose indicated a degree of perseverance not usual in one of easy circumstances. The Doctor's memory was remarkable. On one occasion he said, incidentally to me, that he could repeat the first three hundred lines of the second book of Virgil. On the strength of this assertion, I immediately quoted the first line; and, true to his word, the old gentleman went on, line after line, till I declared myself satisfied.

During his zenith, in the lecture-room and before he interspersed his remarks with professional anecdotes, it was said by an appreciative listener, that "if the eyes were shut, it would seem like reading a book." By his frequent visits to foreign parts, and continued absence, at times he would meet with very ludicrous questions from some medical man, who had not personally known him. It was not unusual for a gentleman to ask the Doctor if he had lived in Philadelphia.

"O, yes, sir," was the reply.

"Did you know a Dr. GIBSON who lectured in the University of Pennsylvania many—many years since?"

"Very intimately, sir."

"The one I mean died a long time ago."

And then laughing heartily, the Doctor would reveal himself as the veritable original, much to the confusion of his interrogator. Now, alas, he cannot make this reply again; and while snow, frozen daylight, is still around us, he has been gathered to his fathers in a ripe old age, to be missed by many whom he has befriended.

Dr. GIBSON added much to his reputation by publishing a faithful account of some interesting cases of dislocation of long standing, where he tried, by means of force, to reduce the luxation. Though he had before been successful in similar cases, the arteries were ruptured and the patients died. As a warning to other surgeons, and with a desire to offer his experience in these instances, he furnished the profession with a valuable brochure on the subject, which is constantly quoted in this country and abroad.

He was also one of the few medical men who could boast of having performed the Cæsarian section twice on the same woman, on different occasions, and with the surprising result of the recovery of both mother and children. This was a great triumph for American surgery.

Some of Dr. GIBSON's works are

1. 1809—*Dissertatio Physica Inauguralis—DE Forma Ossium Gentilitæ*—etc., etc.—Edinburgi. 1 vol.

2. 1841—*Rambles in Europe in 1839*, being sketches of prominent surgeons. 1 vol. 309 pages.

3. 1841, November 1—Introductory lecture to a course on the principles and practice of surgery in the University of Pennsylvania. Pages 34.

4. 1843. Nov. 4.—Lecture as above, pages 24.

5. 1844, Nov. 6—Introductory before the medical class of the University of Pennsylvania. Pages 25.

6. 1846, April 3—Valedictory address to the class of medical graduates of the University of Pennsylvania. Pages 16.

7. 1848—Lecture correlative to a course on surgery in the University of Pennsylvania, embracing a short account of eminent Belgian surgeons and physicians, etc., etc.; delivered Dec. 22, 1847. Pages 32.

8. 1850.—Three lectures preliminary to a course on the principles and practice of

surgery, delivered on the 4th, 8th, and 9th October, 1849; before the medical class of the University of Pennsylvania. By WILLIAM GIBSON, M. D., LL.D., Professor of Surgery. Pages 57.

Dr. GIBSON'S "Surgery" has gone through eight or nine editions, and is still quoted as authority. Some of his remarks and suggestive hints as regards treatment of the knee-joint, have much weight with the modern practitioner.

CASE OF SCIRRHUS TUMOR OF STOMACH AND PANCREAS.

By JAMES WILLIAMS, M. D.,
Of Philadelphia.

Mr. —, æt. 75, in the month of September, 1866, complained of difficulty of retaining his urine, which was voided in very small quantity, though frequently; he was suffering from an irritable bladder, which continued for some months, the result, I am fully convinced after close scrutiny, of a nervous affection arising from a morbid state of the mind. The urine, upon examination, proved to be of a perfectly normal character. This condition was followed by a disinclination for food, and repeated diarrhœa; when this yielded to treatment, the indigestion which attended became confirmed dyspepsia.

In the month of June, 1867, the patient called my attention to the fact of his suffering a severe pain, particularly after taking food or drink, in the region of the stomach. Upon examination, I discovered above and about twelve lines to the right of the umbilicus, a small tumor, of the hardness of cartilage. Convinced of the seriousness of this, and not satisfied with my own view of its position and character, I consulted with my friend, Dr. ROBERT BURNS, of Frankford, who, upon examination, decided that the tumor involved the pancreatic gland, but in order to be more fully satisfied, if possible, we determined to submit the case to Dr. J. M. DA COSTA for examination, and to be governed by his decision. Dr. DA COSTA, after a thorough examination, unhesitatingly confirmed the first diagnosis. The patient at this time drove and walked about daily, but in a very listless

and despondent way. The dyspeptic symptoms became aggravated and increased, evenuating in hypochondriasis.

Constant allusion to the tumor by the patient enabled me to watch its growth and progress very closely; for a long time he would not be satisfied if I did not make an examination at every visit. By the use of moderate tonics, and a strict diet of pap, bread and milk boiled, rice and milk, and oatmeal porridge, etc., the dyspeptic symptoms were greatly lessened. After having administered *nux vomica* and *nit. bismuth* and *quinia*, *piperine* and *strychnia* alternately, the patient being very much emaciated, I ordered a diet of strong animal food, extract of beef, venison, venison soup, terrapins, oysters stewed, etc., and roasted potatoes the only vegetable. During all this time there were no febrile symptoms, the pulse ranging from 75 to 78 up to the time of death, though emaciation was more perceptible day by day.

Mr. — was born in England, and was attached to the army under the Duke of Wellington. After the close of the peninsular campaign, and the battle of Waterloo, he came to this country in the full vigor of health. The first sickness I ever knew him to have, was in the year 1817, when he suffered from a severe attack of hepatitis, from which he was relieved by the skill of the late Dr. JOS. PARRISH. He has always been exceedingly temperate, both in eating and drinking, and has been a man of most extraordinary vigor, endurance, and youthful activity, up to the time of his last sickness. Though he has met with numerous accidents, he was never seriously injured but once, about fifteen years since, when upon his farm, a cow thrust him upon the chest with the point of her horn, which produced great inflammation, resulting in an internal abscess, to relieve which Dr. JOS. PANCOAST passed a curved bistoury up behind the anterior walls of the chest. I have attended him for some very severe attacks of quinsy, to which he was very susceptible; this and an occasional diarrhœa, are the only ailments I have known him to suffer from, and I have known him since my boyhood.

I think it proper to here mention that the first complaint Mr. — made to me of any pain in the region of the stomach was in the month of June, 1867, when he stated that a few days previously, when he was very warm on a hot day, he ate a quantity of ice-cream, and that shortly after he felt severe pain, which, as will appear, terminated by death.

The alvine evacuations were apparently of a healthy character, occurring two or three times a week, and sufficient for the amount of food taken. I could not discover at any time any assimilation of fatty matter. The patient did not complain of thirst, and with the exception of a relish for oysters stewed, showed a perfect indifference for food. There never was vomiting at any time, though he had great apprehensions of it, and said that he was afraid the excrement would be voided by the month, that he could frequently taste it.

On the morning of the 24th of January, I was sent for, with the information that during the night before, the patient was very restless and could scarcely be kept in bed. When I arrived, about 10, A. M., I found him dozing, but pulseless. When he awoke, he was comparatively free from pain, with the exception of great dyspnoea; intellect perfectly clear. At 3, P. M., he urged me to get him upon the commode. When upon the side of the bed, the distress of breathing was greatly relieved, but when I got him upon his feet, he sank into my arms, and I eased him upon the seat, but with a slight jar. He never spoke again, and at 4, P. M., died in that position.

The next morning I opened the abdomen and found a tumor, more extensive than I had any idea of. Thinking this case to be a very interesting one, and not having any one to assist me in my examination, I closed the opening, and the body was brought to the city for burial. I called upon Dr. DA COSTA, and greatly regretted to find that his engagements prevented my having his assistance in a further examination. I, however, secured the aid of my friend, Dr. N. HICKMAN, and the autopsy disclosed the following facts.

A tumor, scirrhus in character, consistence of cartilage, fully the size of one's fist, irreg-

ular in form, was found attached to and growing from the pyloric extremity of the stomach, attached to left lobe of liver, and involving the entire pancreatic gland; the anterior wall of the stomach, to which the tumor was adherent, was torn away, leaving an aperture into the stomach of about two inches in diameter. This, I have no doubt, was caused by the weight of the tumor, and the slight but sudden jar received when the patient sank down upon the commode, and yet vitality remained for nearly an hour after. I have no doubt, from the history of the case, and the appearance of the mucous membrane, that the disease commenced from the exterior, and gradually encroached upon the other coats of the stomach.

LEPTANDRIN AS A THERAPEUTIC AGENT.

By A. P. DUTCHER, M.D.,
Of Cleveland, Ohio.

In the year 1852 a young man entered my office as a student, who had studied medicine for a year with an eclectic practitioner, and attended one course of lectures at the Cincinnati Eclectic Medical Institute. Coming as he did just from the great fountain of eclecticism, he was brimming full and bubbling over with admiration for their new mode of medication, and some of the therapeutic agents that they had recently introduced into their materia medica, *Leptandrin* in particular was the special object of his encomiums. It was a wonderful agent; a grand liver stimulant, and would speedily supplant mercury in all diseases connected with functional derangement of the stomach and bowels.

At the time this student came to me, I had under my care quite a number of cases of chronic ague. Some of them came from the far west, had suffered with the disease for a long time, and as a consequence were completely broken down in health; emaciated, anæmical, listless and dull, sallow skin, loss of appetite, enlarged liver and spleen, costive bowels, with occasional paroxysms of chills and fever. I seldom failed in curing these cases with the following treatment. The pa-

tient was placed in a warm bath for fifteen minutes every other evening just before retiring to rest. When the liver and spleen were enlarged, the abdomen was painted over every day with a solution of iodine prepared according to the following formula:

R. Iodinii. (pure),	3j.	
Potassii iodidi,	3ij.	
Aquæ font.,	f.3ij.	M.

And for the purpose of relieving the enlargement of the liver, correcting the excretions in general, eliminating morbid materials from the blood, and restoring it to its right state, the following was prescribed:

R. Mass. pill. hydrarg.,	gr. xv.
Ferri ferro cyanuretum,	3j.
Quinise sulph.,	gr. xxx.
Strychniæ,	gr. j.
Ext. gentianæ,	3j. M.

Ft. massa et divide in pill. No. 60.

Sig. 2 pills three times, a day immediately after each meal.

By the persuasion of my pupil, I was induced to try the leptandrin in some of these cases. Indeed I have never been backward in testing new modes of practice or new remedies. The first patient to whom I gave it was a young man from Indiana. His case was like a number of others that I was treating at the time. He had chills and fever every second day, with congestion of the liver and enlargement of the spleen. In the above prescription I omitted the pill. hydrarg., and added thirty grains of leptandrin. He had but one paroxysm of chills and fever after commencing the treatment. Beside this there was little or no improvement in his condition for more than three weeks, although the treatment was promptly and faithfully attended to.

As my patient now began to complain because he did not get any better, I discontinued the leptandrin, and gave the mass. pill. hydrarg., in connection with the other remedies, according to my usual practice. His improvement was now remarkable, and in four weeks he returned to his home in better health than he had been for four years. In this case the leptandrin did not appear to have the slightest effect upon the liver. It relaxed his bowels somewhat, but produced no change in the color of his stools. He had taken mercury and quinia several times before he came to me.

But the first was not taken with a view of producing its alterative effect, only as a cathartic, and the latter simply to check the paroxysms of chills and fever. Hence his disease became chronic, and rendered his life miserable for the most of the time mentioned. Cases like this can only be cured by the persistent use of alteratives, anti-periodics, and restorative hæmatics.

About the same time I gave the leptandrin another trial in a case of chronic ague, where there was congestion of the liver. The patient was a young woman aged 18. She came to me from Canton, Ohio; a place that is somewhat obnoxious to intermittent fever. When I first saw her she had the appearance of an individual in the last stage of pulmonary tuberculosis. She was very much emaciated, her menses were suppressed, her pulse was rapid and her breathing hurried, had cough and expectoration, night sweats, sallow skin, high colored urine, diarrhœa, legs and feet slightly œdematous. She rests badly at night, appetite very poor, and is troubled at times with nausea and vomiting. Her mind was gloomy, and she has with all the rest of her afflictions frequent attacks of hysteria. A physical exploration of the chest showed no pulmonary lesion, excepting bronchial congestion. The liver was very much enlarged, and there was considerable tenderness on pressure over the entire abdomen, but no sensible enlargement of the spleen. The dejections from the bowels were very frequent, abundant, and composed mostly of serum. She has been under medical treatment for more than a year. The chills have been frequently arrested by quinia, only to return in a short time with increasing severity. A large dose of quinia taken a few days since, appears to have checked them for the present.

The first and most pressing difficulty to be overcome in this case, appeared to be a mild form of gastro enteritis. This was evident from the red tongue, the occasional attacks of nausea and vomiting, the abdominal tenderness, and the frequent serous dejections from the bowels. She was, therefore, ordered to keep her bed constantly; use no diet but beef-tea, and drink nothing but gum water or iced

lemonade. The abdomen was covered with a blister of emp. cantharides, and a teaspoonful of the following was to be administered every four hours.

R. Morphine sulphas, gr. ij.
Infu. hydrastis canadensis, f. ʒiv. M.

This treatment promptly relieved the irritation of the stomach, and mitigated the diarrhoea. At the expiration of five days, the blistered surface being entirely healed, and there being still considerable tenderness of the abdomen on pressure, the blister was reapplied. After this the gastro-enteritis gradually gave way. The bowels became more regular, the appetite improved, and she was every way more comfortable. Her liver, however, still remained very large, and its functions were indifferently performed. To meet this trouble, I concluded I would give the leptandrin another trial. It was therefore prescribed thus:

R. Leptandrin, gr. xxx.
Quinise sulphas, ʒi.
Ext. hyoscyami, gr. xxx. M.

Ft. massa et divide in pill. No. 60.

Sig. 2 pills three times a day after each meal.

The warm bath and iodine were also employed as in case first. The patient's hygienic surroundings were all good, and every thing appeared to promise a speedy convalescence. But after four weeks of faithful treatment she was very little better; her bowels were rather free, and the stools very light colored, giving very little evidence of the presence of bile, and if there was any change in the color of the skin, it was more sallow. I, therefore, discontinued the leptandrin, and added ten grains of mass. pill. hyd., to the prescription. It acted kindly; in ten days the liver was very much diminished in size; the skin was not near so sallow; the urine was loaded with bile pigment, and the stools also; and her strength very much improved. In three weeks from the commencement of the administration of the blue pill, the liver trouble was about relieved. She was afterwards treated to restorative hæmatics, and in three months from the time she came under my care, returned home in good health.

The next case in which I tried the leptandrin was one of ordinary congestion of the liver, caused by suppression of the cutaneous

perspiration from undue exposure to cold. The patient was a man aged 40, of a marked bilious temperament, and of temperate habits. When he came to me he had not been feeling well for several days. His skin and the conjunctiva were quite yellow. His pulse was 58 per minute; skin warm and dry; tongue thickly coated with yellow fur; urine scanty and high colored; bowels costive; complains of thirst, nausea, but no vomiting. Is very stupid and says that he could sleep all the time. There is no enlargement in the region of the liver or stomach; neither is there any tenderness on pressure. Has pain in the head and back; had chills and fever the first day of his illness.

Ordered alcoholic fumigating bath on retiring to rest at night, and one of the following powders every four hours.

R. Leptandrin, gr. viij.
Podophyllin, gr. ij.
Ext. hyoscyami, gr. x. M.

Ft. in chart No. 8.

Three days after the patient called again; said that four of the powders had purged him severely, but he did not feel any better. His skin was still very yellow, and dry, pulse and tongue the same as on the first visit. Directed him to repeat the fumigatory bath and powders.

Four days after he returned again, said he felt much worse. His bowels were very loose, dejections mostly mucous and streaked with blood, and were attended with tormina and tenesmus. Ordered the patient to keep his bed, and prescribed one of the following powders every six hours:

R. Leptandrin, gr. vj.
Pulv. ipecac. comp., gr. xxvj. M.

Ft. in chart No. 6.

The next morning found the patient more comfortable. The bowels did not move but twice during the night, and the dejections were more fecal. Continued powders.

Three days after this he was up, feeling a little better, but there was not the slightest evidence that his liver difficulty had been reached by the leptandrin. He was now ordered one grain of blue pill three times a day, in connection with a tablespoonful of the following:

R. Potass. acetat., ʒss.
Sp. æth. nit., f. ʒij.
Aqueæ font., f. ʒviiij. M.

Three days of this treatment was sufficient to remove the enlargement of the liver, and expel every vestige of the icterus.

Since that day I have employed this favorite liver medicine of the eclectics in a large number of cases. But its action is very feeble upon that organ in comparison with mercury. Indeed as a liver stimulator it can never supply the place of mercury. In all grave cases of congestion of that organ it is a perfect waste of time to prescribe it, and an unnecessary prolongation of the patient's suffering.

A better remedy of the eclectics to meet this case is *Leontodin*. It acts with ten fold more power than leptandrin as a cholagogue, and when I wish to produce free and copious bilious evacuations from the bowels, I am in the habit of prescribing it thus:

R. *Leontodin*, gr. xij.
Mass. pill. hyd., gr. vj.
Podophyllin, gr. ij.
Ext. hyoseyami, gr. viij. M.

Ft. mass. et divide in pill. No. 6.

Sig. One pill every six hours.

Thus while my experience leads me to attach but little value to the influence of leptandrin as a remedy in disorders of the liver, yet in duodenal indigestion, chronic constipation of the bowels, and some forms of follicular disease of the mucous membrane of the intestines, I have found it to be a therapeutical agent of considerable importance, and worthy of more attention than has hitherto been given to it by the members of the regular profession.

In duodenal indigestion depending upon a want of pancreatic juice, and the secretions of the glands of the duodenum, I have found few prescriptions that have met my expectations better than the following:

R. *Leptandrin*, gr. xxx.
Hydrastin,
Ext. nuc. vom., ʒss gr. xv.
Ext. gentianæ, ʒi. M.

Ft. mass. et divide in pill. No. 30.

Sig. One pill three times a day just before eating.

In ordinary constipation of the bowels from a want of the secretions of the glands of the small intestines, or from inertia of the bowels, leptandrin in connection with podophyllin and strychnia, will often relieve the difficulty speedily. In the constipation of young women

suffering from chlorosis, leptandrin is often useful, prescribed thus:

R. *Ferri sulph.*, ʒj.
Leptandrin, gr. xxx.
Strychniæ, gr. j.
Ext. gentianæ, ʒi. M.

Ft. mass. et divide in pill. No. 30.

Sig. One pill three times a day after each meal.

In cholera infantum when it has passed to the second stage; when the general fever has abated, when the tongue has become red and shining, the thirst great, the abdomen swollen, the dejections from the bowels composed mostly of a jelly like mucous and undigested food. With a quick pulse, emaciation, and other grave symptoms I have frequently seen them speedily give way under the administration of leptandrin, geranin, and quinia.

There cannot be the least doubt that cholera infantum is, in some way, associated with an abnormal condition of the muciparous follicles of the small intestines. In the upper part of the intestines they are very numerous, and make their appearance about the time of teething, when a general development of all the parts connected with the assimilating functions takes place. Post-mortems have shown that in cholera infantum the most remarkable anatomical change is excessive development, inflammation, and ulceration of the muciparous follicles.

I believe that leptandrin has a special alterative action upon these follicles, and if given before disorganization has taken place, there is a reasonable probability that it will restore them to their normal condition. Some have supposed that it has no direct action upon these follicles, but that the beneficial change is produced by its action upon the liver, relieving portal congestion, and increasing the biliary secretion. I do not, however, subscribe to this view of the case. Amendment often follows its administration long before the appearance of any extra amount of bilious matter in the stools, proving very conclusively that its action is confined more to the glands of the intestines.

Here is a favorite prescription of mine in chronic cholera infantum:

R. *Quiniæ sulph.*, gr. iv.
Leptandrin, gr. ij.
Geranin, gr. vj.
Pulv. ipecac. comp., gr. xij. M.

Ft. in chart No. 12.

Sig. One powder every 6 hours.

Some writers have recommended leptandrin very highly in dysentery and typhoid fever I have often administered it in these diseases, but I could never see any special advantage from its use. When given in connection with podophyllin as it almost always is by eclectic practitioners, I have seen it prove very injurious in both of these disorders. And I would never recommend any one to prescribe it in either of them. When there is active inflammation of the intestinal mucous membrane it only augments the difficulty. At least such has been my experience with these two articles when administered in connection.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational Meeting, Wednesday Evening, Feb. 12th, 1868.

Subject for Discussion—The Therapeutical Uses of the Alkaline and Earthy Sulphites.

The President, Dr. GEO. HAMILTON, in the chair.

In the introductory remarks upon the subject presented for discussion during the evening, viz., the Therapeutical Uses of the Alkaline and Earthy Sulphites, Dr. BOLLES stated, that nearly twenty-five years ago, the hyposulphite of soda was made use of in medicine by CHAUSSIER and BIELT, of Paris. It soon fell into disuse, but was revived again by M. QUESNEVILLE as an adjuvant in the treatment of scrofulous and chronic cutaneous affections. Other physicians, alike in Europe and America, gave it at various times a trial, and recommended it highly. Some eight or nine years since, the whole subject received a scientific investigation from Professor POLLI, of Milan. Strongly impressed with the curative power of sulphurous acid as an antiseptic agent, this gentleman commenced a series of experiments in order to ascertain to what extent sulphurous acid and its salts could be rendered efficient in the treatment of disease. In a paper read before the Dublin Obstetrical Society, by Dr. DE RICCI, of that city, these experiments are detailed. The antiseptic properties of sulphurous acid were first demonstrated. Animals recently killed, were suspended in a closely covered vessel, partly filled with a solution of sulphurous acid and water, of only sufficient strength to supply by evaporation a very small quantity

of sulphurous acid gas to the atmosphere. The result was the entire preservation of the animal tissue, without the slightest taint of decomposition, for several months. Next followed experiments upon the various forms of fermentation, as the vinous, the diastatic, and the pancreatic, and in every case by the addition of small quantities of sulphurous acid, the catalytic action was entirely suspended. But these only proved the efficiency of the acid in checking fermentation outside of the body. Moreover, sulphurous acid by itself could not be introduced into the animal economy with safety in sufficient quantities. In addition, it was the opinion of BERNARD, the eminent physiologist, that any substances calculated to arrest fermentation in the blood, would at the same time prove so injurious to the system as to altogether preclude their use. Notwithstanding these objections, Prof. POLLI next began to administer to dogs the sulphites of soda, magnesia, and lime, in doses of various degrees of strength, with the satisfactory result that they were perfectly harmless, even when given in as large quantities as four drachms daily. At the same time it was noted that the acid in the form of salts was scarcely less effective in checking fermentation than when used by itself.

All the investigations up to this point were confirmed by actual experiments conducted by Dr. DE RICCI, who further demonstrated the entire harmlessness of the salts when administered to the human subject in almost unlimited quantities. But Prof. POLLI's investigations were carried still further, until he had proved,

1st. That the sulphites, when administered to a living animal, are carried *as such* into the circulation, and can be detected by chemical test in the blood, urine, and other secretions.

2d. That the presence of these salts in the organism at the time of death will retard the process of putrefaction for a considerable period.

So much having been proved, a different class of experiments, nearly one hundred times repeated, were instituted. These consisted in inoculating numbers of dogs with unhealthy pus, with putrid blood, with the discharge from the nares of a glandered horse, and other poisonous organic substances. Some of these dogs were treated previously to and during the operation with the sulphites; they all recovered, while those not so treated died.

But the only evidence that can be accepted in any remedy is its practical application to disease. Is the testimony in this respect satisfactory? Dr. DE RICCI, of Dublin, has furnished several papers to the *Dublin Quarterly Journal*,

in which he speaks in the highest terms of the practical value of the sulphites in measles, in a case of infection from animal poison, and in a poisoned wound, occasioned by laceration from the thorns of the cactus. In this last mentioned case the arm was greatly swollen, the course of the poison being plainly traced by the lymphatics. The sulphites were resorted to internally and externally, but from not being sufficiently long continued, there were symptoms of a relapse, which, upon a return to an increased dose, were promptly subdued, and a complete recovery was soon effected.

In the *American Journal of Medical Sciences*, there are several instances recorded of the successful use of the sulphites. Dr. W. F. ATLEE reports two cases of pyemia; Dr. A. HEWSON twenty-seven cases of erysipelas; Dr. DALE and Dr. MATTSO, of this State, each report the successful treatment of cases of sycoosis menti; Dr. LEAVITT, of Germantown, a case of intermittent fever of long standing, which had resisted the sulphate of quinine; Dr. BAXTER, of Iowa, one hundred cases of intermittent treated with the sulphites alone, with entire success. Dr. FISHER, of Chicago, in his "Report on the Use of the Sulphites of Lime and Soda," published in the Transactions of the American Medical Association for 1865, states that he has successfully used these salts in cases of blood poisoning, in erysipelas, in confluent small-pox, and in diphtheria complicated with erysipelas. Dr. N. S. DAVIS, of the same city, in a letter to Dr. FISHER, says, "During the last fifteen months I have used these remedies frequently, in such cases of disease as were suspected to depend on the action of an animal poison. During that time I have used them in eight cases of unmodified confluent small-pox, eleven cases of the most severe grade of idiopathic erysipelas, three of cerebro-spinal meningitis, and four of puerperal metritis. Of all these cases, twenty-six in number, every patient but one recovered; and that one, a child, was convalescing from the small-pox, when the complication of pneumonia supervened, from which the patient died." Two other cases of recovery from pyemia during the administration of the sulphites are communicated to Dr. FISHER by other physicians of Chicago.

In one of the French journals, Dr. CONSTANTIN PAUL states that in October, 1865, a patient arrived in Paris during the prevalence of cholera. He was in a portion of the city where the disease had not previously shown itself. In a short time one of the house servants was attacked with cholera, from which she died. Several other

cases rapidly followed. Regarding the sudden outbreak of the disease as due to the fetid character of the evacuations of the dysenteric patient, Dr. PAUL began to use a solution of hyposulphite of soda, at first as a disinfectant, by which means the offensive odor of the discharges was entirely dispelled. Afterward, in the form of an enema, he made use of the solution with a view to disinfect the excretions while yet in the bowel, and not only accomplished this, but also gave great relief to the patient.

Some allusion should be made to the form of the sulphites administered. In a paper read before the British Medical Association by Prof. POLLI, he recommends for internal use the sulphite of magnesia, as containing more sulphurous acid, and as being more agreeable than the other preparations; as a prophylactic, the hyposulphite of soda, when it does not act too much as a purgative; and for external use the sulphite and bi-sulphite of soda, as more soluble than the magnesia salts. For internal administration, the sulphite of magnesia is especially useful, as it will always be tolerated, even when the stomach is in an irritable condition.

With these evidences in favor of the use of the sulphites in certain forms of disease, are not these remedies worthy of a more extended and general application?

Dr. BURNS stated that for the last few years, intermittent fever had been extremely severe, at the post of which he is the medical officer, which has been an intermittent locality for a century. Year before last, he used eighteen ounces of quinine, and last year sixteen. At the suggestion of the Medical Director of the Department, he commenced last year the use of the sulphite of soda, and before the fall was ended, he had not five on the morning sick list where he had had twenty before. He combined it with quinine and capsicum. He is satisfied from his experience with it, that it is a highly useful remedy in intermittent fever. He has not had much experience with it locally, but employed it in one case of severe gangrenous ulcer of the lower limb, with very marked good effect. It is a remedy extremely worthy of trial in many cases. It appears to have the effect of preventing any enlargement of the spleen and liver, as a consequence of intermittent fever.

Dr. NEBINGER stated that his attention was called to the use of the sulphites by a paper which was presented to the American Medical Association in June 1864, by Dr. A. FISHER of Chicago, Illinois. His account of the effects of the sulphites of lime and soda, was such as to

attract notice to these remedies, and induce a trial of them. A very interesting paper has been published in the *American Journal of Medical Sciences* by Dr. ADDINELL HEWSON of this city, detailing a number of cases in which the bisulphite of soda had been employed externally in cases of erysipelas occurring in the Pennsylvania Hospital. The results thus obtained were such as to commend the remedy very largely to the use of every physician.

Dr. NEBINGER, having seen a large number of cases of erysipelas in his practice and being anxious, of course, to manage them in the best way, had not always relied upon the same treatment. Iron was with him a favorite remedy. He had achieved more by the use of iron internally, than by any other medicine before he employed the bi-sulphite of soda. The effects of the bi-sulphite, however, were found to be so much more positive and speedy in the control of this disease than any other remedy previously tried, that it deserves to be looked upon as, par excellence, the remedy in the management of erysipelas. He has used it internally and externally. It is not saying too much to designate as wonderful the rapidity with which this salt will occasionally control an attack of erysipelas. A patient, seen on the second day of the attack, had the nose, part of the forehead, nearly all the cheek and the whole of the upper lip covered with the erysipelatous blush. The constitutional symptoms were very decided, and the history of the case was such as to indicate a very rapid spread of the disease. That patient was put under the influence of the bisulphite of soda, locally and generally, and in forty-eight hours from the time of the commencement of treatment, there were no more evidences of erysipelas present than if the individual had never had an attack.

An old gentleman, 65 years of age, bald, of full habit, called at Dr. NEBINGER's office with erysipelatous inflammation of the face. The bisulphite of soda was prescribed for him externally and internally, and he was advised to remain at home. When seen the next day, the disease had extended somewhat but very slightly. The remedy was continued, and on the following day there was a diminution in the inflammation of the face. He was seen daily until but a small patch of erysipelas remained upon the cheek. The solution of the salt was discontinued then externally, but he was directed to keep up its internal use. Forty-eight hours elapsed before he was again seen. Then instead of finding him fully convalescent, as was expected, his face was

even more covered than it had been at any anterior time, and the inflammation had involved about one-half the scalp. On inquiry, it was discovered that he had not taken any of the medicine since last seen. The same treatment was resumed. In a short time, the disease, notwithstanding that the relapse was very much worse than the original attack yielded very kindly and rapidly to the bisulphite of soda. In this case it was evident that something controlled the erysipelas, and it is fair to assume that it was not hygienic treatment, but the medicine employed. So soon as the remedy was withdrawn, the disease, left to itself, at once began to advance, although it had nearly disappeared, and in forty-eight hours the erysipelatous condition was worse than ever before. Upon commencing again the use of the medicine, the disease stood still, and then began to recede, as blow after blow was struck, until finally it was overcome.

A delicate boy, fourteen years of age, presented, what upon a cursory examination appeared to be a pustule, forming on the nostril, causing an inflammatory blush upon the nose. Some ointment was applied, and neutral mixture ordered. He was not seen for two days, when an erysipelatous blush covered nearly the entire face. Under the use of the bisulphite of soda, internally and externally, he was entirely well in a week.

In regard to the external use of bisulphite of soda, it will sometimes produce inflammation of the skin, and even give rise to pustulation which, however, is very readily controlled. Therefore, when the erysipelatous blush is receding, it is not well to push the external use of the remedy.

In prescribing the bi-sulphite of soda, the hyposulphite is sometimes put up by druggists who do not seem to make the distinction between the two. There is a vast difference between the two in chemical constitution, physical appearance, taste, and effects upon the system. The bisulphite of soda has a disagreeable taste, peculiar to itself, while the hyposulphite of soda has one which is very like that of Glauber salts, which it also resembles in physical properties.

Dr. NEBINGER has been in the habit of prescribing two drachms of the bi-sulphite of soda in a four ounce mixture, (two ounces each of water and syrup,) of which the patient takes a tablespoonful every one and a half or two hours. For external use, an aqueous solution of the same strength (3ij. to f.3iv.) is employed, applied by wet cloths over the surface.

If those who have not used bi-sulphite of soda in erysipelas will give it a trial, both internally

and externally, they will doubtless come to the conclusion that it is the best of all known remedies for the control and management of erysipelas.

Dr. NEBINGER said it is not necessary to refer to all the cases of erysipelas which he had treated with the bi-sulphite of soda. Those mentioned were the analogues of the other cases, which he had successfully managed with this salt. It was only necessary to say that the controlling power of the medicine in erysipelas was so marked and highly satisfactory as to cause him to regard it as a most potent agent in the management and control of this distressing malady.

EDITORIAL DEPARTMENT.

Periscope.

Ergot in Paralysis of the Bladder.

Dr. LEON SERBET was called to a patient, aged 66 years, who had been suffering from incontinence of urine for fifteen years. On the day of the visit the patient had complete retention. There was no constriction of the urethra, marked sensibility, or obstacle to the passage of water, except a slight enlargement of the prostate. At the end of eight days the patient had still no power over the bladder. The case being considered as one of paralysis, owing to over distension, it was concluded to try the ergot of rye in powder; thirty grains during the day. This produced no effect beyond slight pains in the hypogastric region, and the water still required to be drawn with the catheter. At the end of ten days the ergot was administered in fifteen-grain doses, four times daily, at twenty minutes interval before and after a hip-bath given in the morning. From this time the patient could urinate, and the incontinence disappeared. This treatment was continued for fifteen days, at the end of which time the patient was cured.—*Med. Gazette, N. Y.*

Beneficial Effects of the Poison of Bees, Wasps, and Fishes.

Dr. TELIPHE P. DESMARTES, a French savant, has been experimenting upon insects, fishes, etc., and has ascertained that the poisonous matter contained in wasps and bees, being inoculated, destroys rheumatism and neuralgia, and that of the *cerceris*, in England popularly known as sand-wasps, produces insensibility,—local anesthesia. He also found that the poisonous matter of various fishes, including the weaver fish, which

is common to the coasts of England and France, cures paralysis; and from these facts he supposes that the poison contained in the *Thalassophyrne*, a new species discovered in San Francisco Bay, a couple of years ago, will also cure various diseases.—*Druggists' Circular.*

Vienna Society of Physicians.

At a recent meeting of the Vienna Society of Physicians, Professor KOLB exhibited some anatomical specimens which he had obtained by freezing the body—a plan which has hitherto been used in Russia. Professor KLOB exposed the body of a man who had died of phthisis to a freezing temperature for forty-eight hours, and sawed it longitudinally. By this method, he said, the relative position of the internal organ was well demonstrated.

In concluding a memoir on Acupressure in the *Wiener Medizin, Wochenschrift*, Professor BILLROTH of Vienna says that, so far as he can judge from his own experience, acupressure is destined to supersede the ligature in most cases; that it has certain marked advantages over the latter, especially in allowing the healing of large wounds by the first intention. He says further that, while he has not met with any instance in which an amputation-wound has so thoroughly healed by the first intention that not a drop of pus has escaped, cases of the kind have been related by men so trustworthy that it is impossible to doubt the possibility of their occurrence.

M. BROCA has communicated to the Academy of Sciences an important paper on Odontomata—tumors constituted by the hypergenesis of the temporary or permanent dental tissue.

M. BLACHEZ has found the application of acetic acid twice a day successful in removing vulvar and anal senile vegetations, after the failure of the ligature and of powdered alum and savin. M. GIRALDÈS obtains excellent results from the application of chromic acid.

M. VOISIN, applying the sphygmograph to epileptics after attacks, finds that the cardiac impulse is enormous, and that neither violent exercise nor a vapor-bath gives so strong a line ascent. A malingerer might thus be detected; as a simulated attack could never produce such a tracing. This observation needs to be confirmed, and to be interpreted with caution.

— Total deaths in San Francisco, Cal., in December, 217; from phthisis, 35. Population 132,000. Rate of mortality, 1.90 per cent.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 28, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

WANTED.

☞ The following numbers of the MEDICAL AND SURGICAL REPORTER are very much needed at our office. For all of them we will credit ONE DOLLAR on subscription, or ten cents a copy for less than the whole. Those of our subscribers who do not care to preserve their files, will confer a great favor by returning these numbers. They are: Nos. 559, 560, 561, 562, 563, 564, 565, and 566—or from Nov. 16, 1867, to Jan. 4, 1868, both dates included.

REPTILES IN THE HUMAN STOMACH.

We return to this question which was discussed in the REPORTER some months ago, apropos of an alleged case of the kind, which occurred in Cumberland county, Pa. This case we soon showed was a hoax, as we believe all such cases are. Since then we have received from Drs. THOMPSON and MACLAY of that vicinity some further description of the certainly curious condition in which the alleged snake swallower remains. They say.

"There is no basis for the story circulated in the public press, representing that a snake was rejected from the stomach. The parents deny they ever gave any one such information; that such was never their belief; or further, that any physician ever gave such an opinion. Nor does the history of the case give any information of the kind. We well know that parasites do give rise to disease of the nervous system, and that the diagnosis is very difficult in many cases. But in the present case, we think that the history will decide that their presence has nothing to do with the symptoms."

This is precisely what we anticipated, believing with Professor BAMBERGER, that "the presence of living animals in the stomach, such as frogs, lizards, and snakes, which are supposed to have been swallowed and to remain alive, may well be assigned to a place among fables. I have often remarked," he continues, "that the distinct vermiform movements which occur in carcinomatous, schirrhous and other diseases of the alimentary canal, are believed by patients to be the movement of living animals, and indeed have even imposed on their medical attendants." (*Krankheiten des Darmkanals*, p. 470.) Professor VIRCHOW, whose authority on such a point is surely entitled to the very highest respect,

says positively that experiments have proven that these species of reptiles soon and invariably perish when taken in the human stomach. (*Handbuch der Pathologie und Therapie*, I. p. 362.)

In contradiction to this, Dr. H. R. BACKUS of Plymouth, Indiana, writes as follows to the *Boston Journal of Chemistry*:

In the *Journal* of February 1st, 1868, I notice an article copied from the Philadelphia MEDICAL AND SURGICAL REPORTER, which ridicules the idea that reptiles of the snake and toad species can exist in the human stomach. Now, I shall beg to differ, and will explain why I do so. On the 20th of last September, I administered an emetic to J. S. BAINBRIDGE (an acquaintance of mine in Michigan,) and he ejected from the stomach a live snake about eight inches in length, of a spotted color, and unlike any I have ever seen. Its eyes were white, and apparently sightless. Mr. BAINBRIDGE says he is conscious of the fact that he swallowed it while drinking from a spring near his residence, in the month of June, 1867; from which time his health began to fail, and he came to me, requesting me to do something for his relief. At the present time, the patient is alive, and enjoys good health. I do not pretend to explain the phenomenon of the reptile's existence in the stomach; but of the above facts I am cognizant, and I now have the snake preserved in my office. In farther proof that reptiles do live in the human stomach, I will state a fact which came to my knowledge, and which transpired in Terre Haute, in this State. A young lady attending an evening party, heard a croaking like that of a frog, and the attention of others of the party was called to the unusual sound. Upon examination, it was found to proceed from the stomach of a lady, a member of the party, who manifested much excitement. The next day, through the aid of a well-known surgeon, a live frog was taken from the stomach of the lady. These are facts. I do not undertake to explain them, but present them as they are. I do not regard it as an hallucination, to believe that reptiles can live for some length of time in the human stomach."

But this is not all. The genial editor of that excellent monthly, has only given a brick from the pile he has received. In a letter to us, he says:

"Will you believe it, I have been deluged with communications from all parts of the country in which very decided opposition is made to your views. I have received so many statements from M. D's, in relation to the snakes, frogs, lizards, lobsters, lamprey eels, sharks, and whales, taken out of the stomachs of patients, that I feel entirely disconcerted, and not a little guilty for having copied your article. Now, if I, who have only to bear up under this tremendous load at second hand, feel thus, how, I ask, must you feel, the prime author of all this commotion?"

We sympathize deeply with our editorial

brother, and hasten to take the load on our own shoulders, which we have unwittingly imposed upon him. But our troubles are not done yet.

The *Christian Advocate* likewise copied our previous article, and it too, at once got a rebuff from the Rev. C. T. Moss, who writes from Ames, New York, to the following astonishing effect:

"In this village, last summer Mr. PETER LAKE, a young farmer, and a member of my church, *did* vomit a veritable *snake* which he had carried several years in his stomach! The reptile was about a foot long, brown on the back, brilliant red beneath. It was kept alive for some time in a bottle, but being neglected, died. Fifty persons could be found who saw it with their own eyes, and would make oath to the fact.

"Our profession' may 'combat' all the 'fictions' they please, as they are in duty bound to do; but they ought to learn that facts are often stranger than fiction, and cannot be got rid of, though all the world unite to 'combat' them."

Now it is quite refreshing to find such delightfully unsophisticated minds as exist in Ames, New York, in this sceptical age and country. Their logic is beyond expression satisfactory. Who would not take an oath that the snake was vomited, if they saw the very animal itself preserved in a bottle? When Baron MUNCHAUSEN let himself down from the moon, he used a rope only about sixteen feet in length. When he got to the end of it, he pulled the rope above him down, and fastened it to the extremity he was clinging to. In this way he reached the earth. If you didn't believe his story possible, he was ready to show you the very identical rope! This little narrative we respectfully commend to the profound consideration of the Reverend Mr. Moss, and the fifty of his parishioners.

As to Dr. BACKUS, if he actually *saw* Mr. BAINBRIDGE eject the snake, if he is absolutely certain that seeing it, he was not deceived by an extremely common and easy juggling trick, and if barring these contingencies, he is positively sure that the "snake" was not one of the four and twenty species of entozoic parasites which find their natural habitat in the alimentary canal of man, then we are ready to discuss his case. Before that it would be idle to do so.

As for the young lady in Terre Haute, we

should be most happy to hear the particulars from the "well-known surgeon" at first hand, and promise to publish them as soon as they arrive.

It is curious, to say the least, that in the hundreds of thousands of cases which are admitted to the various hospitals under the care of really skilful and critical physicians, not one single instance of these remarkable phenomena has ever transpired, but that it has been shown to be an illusion or fraud on the part of the patient. They always occur in remote country localities, in innocent rustic communities, such as we imagine Ames, New York to be; or are reported by travellers who have seen or heard of them in distant localities. They will pass as *contes de voyage—qui vient de loin peut bien mentir*—but not quite for the pages of a scientific journal.

Notes and Comments.

Longevity under Difficulties.

The 102d birthday of Capt. FREDERICK LAHRBUSH was celebrated on the 9th inst., at the residence of Gen. DE PEYSTER in New York City.

Captain LAHRBUSH, formerly a captain in the British Sixtieth Rifles, was born in London on the 9th of March, 1766. For nearly a quarter of a century he was engaged in active service against the French or against the Caffirs. He was left for dead on the field of Busaco, September 27, 1810. The memento of this escape is a scar on the top of his head in which a man can almost lay his finger.

For rheumatic pains, brought on by exposure in the field, he was compelled to resort to opium for relief. From a dose of half-a-grain he gradually increased to seventy-five grains, which he took daily at midnight for very many years. At no time for many years has he taken less than twenty-four grains. On one occasion he took one hundred and fifty grains, and on shipboard, his opium having given out, he substituted a half pint of laudanum.

The New Hospital for the Insane.

It seems we were somewhat premature in announcing, two weeks ago, that the bill to establish a new Hospital for the Insane in this State had become a law. It had passed the Senate, and its prospects for final passage are good. The bill is in good hands, and we look for its early adoption.

Correspondence.

FOREIGN.

LETTER FROM PARIS.

(Continued from page 266.)

PARIS, Jan. 29th, 1868.

State of the Sensitive Nerves in Spinal Sclerosis.

VULPIAN's essay on the state of the sensitive nerves in spinal sclerosis, is extremely interesting, if only for its bearing upon a theory of atonic locomotrice, which has received the support of TROUSSEAU.

Four autopsies furnished the material for the essay. In all of these cases, the sensitive nerves examined, (cutaneous branches of the great sciatic,) were found completely normal, as also the posterior roots, *between the ganglion, and point of junction with the anterior.* But *between the ganglion and the spinal cord*, these same roots were invariably atrophied. The posterior columns of the cord sclerosed.

It would seem that the ganglion interposed an impassable barrier to the progress of the lesion along the spinal roots. Had the atrophy affected the anterior roots, destitute of a ganglion, we might suppose that it would have extended to the periphery.

From the comparative degree of advancement of the lesions in the posterior spinal columns and in the roots, it appeared probable that in all cases the former were attacked first, and the roots altered gradually from the cord to the ganglions. The results of experiment, however, are directly opposed to such progression. If a posterior nervous root be cut between the ganglion and the spinal cord, the spinal extremity atrophies, while the ganglionic remains normal. It would seem, therefore, legitimate to infer that the lesion of the root fibres ought to remain limited to the points directly affected by the sclerosis of the posterior columns, and alteration of the elements of the gray substance of the cord. Yet on the contrary, they are atrophied entirely up to the ganglia, and M. VULPIAN professes himself unable for the moment to explain the contradiction. But at all events, the position of the lesion of the nerve roots, and the time at which it occurs, are considered by the author as decisive proofs of the central origin of the disease in question, and destructive of the peripheric theory sustained by TROUSSEAU.

Careful search was made for alterations of different portions of the great sympathetic. But

the cervical ganglia and cords, the solar plexus and the thoracic ganglia, were all examined without the discovery of any lesion appreciable even by the microscope. This was at an advanced stage of the ataxie.

Consequently, various symptoms which at first sight seem plausible enough to indicate that the sympathetic nerve was involved in the disease, are referred by M. VULPIAN to other nervous apparatus. In a case of extremely obstinate vomiting, where the most minute examination of the solar plexus failed to detect any disease, the symptom may be referred to a possible lesion of the pneumogastric. Similarly, the troubles of vision which cannot be accounted for by disease of the cervical ganglia, may be plausibly explained by the frequent lesions of the optic, or motor ocular nerves.

In VULPIAN's case, tactile sensibility was extremely blunted if not abolished, and sensibility to pain provoked by pressure, also diminished. Sometimes this anæsthesia coincided with severe spontaneous pains; at other times these coexist with a real hyperæsthesia of the skin, mere contact of the hand with the patient's body is unperceived, but the least pressure is extremely painful. It is remarkable in these various cases, that local applications, such as belladonna, or chloroform, are able to calm the pain, although it depends so evidently upon a central lesion.

Sensibility to the temperature is much less affected than sensibility to pain. Cold especially, is felt very keenly. Muscular sensibility was notably diminished, a fact eloquent against the idea that this is dependent on the anterior nerve roots, which were perfectly healthy in all cases.

A curious delay was noticeable in the transmission of impressions to the sensorium. Sometimes two or three seconds would elapse after the calf of the leg had been pinched, before the patient perceived the pain. Finally, the notions of the situation of provoked pain, were always more or less confused, and the patients often placed their fingers one, two or three centimetres from a point which had been pinched, and which they were asked to indicate with their eyes closed.

The main problem suggested by consideration of the symptoms of ataxie as compared with its pathological anatomy, is the following. How is it possible for all the points of the body to have lost their tactile sensibility, and yet to have preserved their sensibility to pain, when three quarters of the fibres of the posterior nerve roots appointed to transmit impressions to the consciousness are atrophied?

This atrophy, however extensive, was never

complete, always a few fibres remained, and the conclusion was inevitable that these sufficed to convey the impressions brought to the spinal ganglion by the sensitive nerves, whether the communication could be affected in the depths of the ganglion by a sort of induction from the fibres excited at the periphery, to the remaining root fibres; or whether the interposition of ganglionic cells were indispensable, it was impossible at present to say. The fact however, was none the less unquestionable and unexpected, that a few nerve fibres were able, though imperfectly, to supplement the work of ten times the number considered essential for the normal condition. The curious phenomena in the perversion, confusion and delayed perception of impressions mentioned above, may be better understood in view of such a fact. As soon as it is admitted that a single fibre of the posterior roots, may transmit the impressions received at the periphery by one or the other of a certain number of sensitive fibres, with which in a normal condition it has no functional relation, all precision of consciousness is evidently lost.

BROWN SÉQUARD'S note is devoted to the relation of a case where violent tetaniform convulsions, connected probably with organic brain disease, were arrested (for the time,) by forcible and painful extension of the great toe of the patient. The eminent physiologist promises to make this case the basis for a new study on the influence of the sensitive nerves upon convulsions of the motor nerve apparatus.

DOMESTIC.

The Ligation of the Funis.

EDITORS MEDICAL AND SURGICAL REPORTER:

Availing myself of your courteous offer to appropriate a short space to the further discussion of my views as regards ligating the umbilical cord at child-birth, and with thanks, I inclose the accompanying remarks.

Upon further investigation since the publication of my essay in June last, there seems to be more authority for discarding the ligature than I at first supposed. CARBONE, SÉDILLOT, GIRARD, CANTHAREL, HANCOCK and MAISONABE, of Montpellier, "have discarded it without any inconvenience." "FANTON and SCHULZE, who reject the ligature as useless, have proved it beyond a doubt." So says the lamented VELPEAU. (MEIG'S *Velpeau's Midwifery*, p. 611.) Dr. VELPEAU himself uses the following language: "Whatever may be the fate of the explanation, it is not the less true that, if the cord were left to itself without any ligature,

it would not expose the foetus to any hemorrhage, or any accident, even although it should be cut off clean, and not contused or torn." Notwithstanding, however, this unequivocal statement, the learned professor further remarks, in the same paragraph, that "we are not authorized to dispense with the ligature," "and should even be culpable were we to neglect it." In support of this opinion three reasons are given, each of which I propose now to consider.

1. The *first* is—and it is one which I have not seen mentioned elsewhere—that "a mere compression of the chest, or an embarrassed state of the function of any organ suffices to disorder the general circulation, and enable the blood again to pass through the umbilical ring."

With respect to the latter part of this statement I am uncertain whether my understanding of it is the correct one. I conceive it to mean that certain organs may become embarrassed in such a manner as to disorder the general circulation *mechanically*: this mechanical derangement being of such a kind as to produce undue accumulation of blood in the vessels of the cord, which last, after having become distended, finally admit the collected blood to flow out. But what functional embarrassments are there that occasion such a result? None that occur to me except obstructed respiration, such, for example, as might be brought about by "compression of the chest." The pulmonary circulation and umbilical circulation, according to VELPEAU, are mechanically vicarious. When the former is established at birth, and solely in consequence of its establishment, the latter ceases. But the last tends to be re-established by whatever impairs the first. Admitting therefore the possibility of obstructed respiration causing congestion of the cord and hemorrhage, it is still left for us to inquire, how frequently have such cases been observed? What was their termination? if fatal, did they die from hemorrhage or from apnoea? The gist of the matter appears to me to be this. The child whose chest is compressed is being asphyxiated; its heart is becoming congested with black blood, (which, carried beyond certain limits will arrest the *action* of the heart;) it is being reduced very much to the condition of a child still-born. If we remove the thoracic compression before the heart's beat has stopped, the functions are restored and all is well. But suppose the action of the heart *has* ceased, what then shall we prescribe? Our only resource is *bleeding from the cord*. This *may* restore the action of the heart. If it does not, far be it from us to say that the loss of blood occasioned death. On the contrary

the hemorrhage that flows from the unligated cord of a child whose respiration has been obstructed by compression of the chest is rather salutary than otherwise. It is what *Nature* provides, and, (strange coincidence!) what the *authorities* direct for the restoration of an asphyxiated heart. But even admitting the occurrence of cases in which this hemorrhage was the *real* cause of death, and in which a fatal event might have been prevented by the usual process of ligation, we may yet ask, do such cases occur sufficiently frequent to sum up a mountain of evil at all equal to that which I maintain is being continually produced by the ordinary practice of tying undepleted, and often pulsating cords? We think not. In fact our researches have not furnished any cases of this sort.

2. Dr. VELPEAU's second reason for advising the practice of ligation, is, that "cases are reported of children having died from bleeding in consequence of the cord being *not well secured*." He mentions the case cited by MAURICEAU, (also a similar one by DESGLAND, and two by MERRIMAN,) in which "the loosening of the ligature brought on a hemorrhage which caused death in two days." It is further stated that "BERENGER of Carpi, is said to have seen young asses and colts perish from *the same cause*." In reply to this, I may be allowed to express the opinion that these cases never would have occurred, had the ligature been *entirely* omitted; and this statement does not conflict with the practical truth, which I by all means acknowledge, that the *better* security of the cord by the timely application of a second ligature, would have saved them. But it was the *first*, that produced the necessity for the *second*; it produced this necessity by maintaining patency of the umbilical vessels—by retarding their obliteration. (In explanation of this see pp. 15, 16, of my Essay.)

3. Dr. VELPEAU also allows the ligature for the further reason that "it presents no difficulty," and "there is no danger occasioned by its application." In response to this, I may again refer the reader to my brochure, where the evidence in support of an opposite opinion is presented.

As yet I am not aware that any clinical observations have been instituted with a view of testing the question whether the ligature as commonly applied in daily practice, is really injurious. My own experience in the last few months, (not a very extensive one, it is true) has afforded no instance, that would in the least conduce to change my opinion on this point. Decidedly to the contrary. If it were otherwise, I would confess it.

For prudential reasons, or, as SÉDILLOT expresses it, "out of respect for the persons present," the private practitioner is almost compelled if he would retain his practice to apply the ligature. This, however, can be done as SÉDILLOT and others recommend, in a manner that will be far less liable to injure the fetus than the common method. It is simply this. Let the cord bleed, (when it will) both literally and figuratively speaking—"to its *heart's* content;" then apply the string. When the cord *won't* bleed, then perhaps the ligature might be tied immediately without much risk of mischief. It is mostly or perhaps only in those cases that would bleed, that the ligature, by preventing this salutary hemorrhage, could be positively injurious. The above is the practice, considering all the circumstances of the case, that I now find it prudent to adopt.

Since employing it I have had no case of infantile jaundice, or inflammation about the navel, except one. In this the cord had been tied by a midwife before my arrival. To loosen it was not permitted. Pulsation was evident for nearly an hour after ligation. The child in a few days had marked icterus, constipation with clay colored stools, vomiting, inflammation of the umbilicus, and a slight secondary hemorrhage, which, however, ceased spontaneously. It recovered finally. All these evils, I maintain would have been prevented if the congested cord, at birth, had been permitted to drain off its surplus blood before the ligature was applied. The portal circulation would have been relieved.

A. F. A. KING, M. D.

422 14th St., Washington, D. C.

P. S. I should be happy to forward my pamphlet to any one who may apply for it.

Death of William Herapath.

The English papers announce the death of this distinguished chemist. He was born at Bristol, England, in 1796. While at work in his father's malthouse he displayed a marked love for chemical study. He was wisely allowed to follow his bent, and in a few years became a proficient in the science, and especially in the department of toxicology. In 1828 he was elected Professor of Chemistry in the British Medical School. He was one of the old founders of the London Chemical Society. His life was singularly useful. Besides making analyses for the benefit of agriculture, manufactures and the arts, he was in constant request to examine alleged cases of poisoning.

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

UNIVERSITY OF PENNSYLVANIA.

The Annual Commencement of the Medical Department of the University of Pennsylvania was held March 13th, at the Academy of Music, in the presence of a large and brilliant audience. The Rev. Daniel R. Goodwin, D.D., Provost of the University, conferred the degree of "Doctor of Medicine" on the following gentlemen:

Maine—Chas. O. Hunt.

Massachusetts—R. G. Reed, H. D. Bixby.

Connecticut—S. W. Noyes.

New York—G. G. Hopkins, S. A. Pierce.

New Jersey—G. O. Cummins, J. S. Hough, R. P. Ewing, H. A. Kennedy, J. M. Paul, Jr., H. Wikoff, J. O. White, G. W. Bailey.—8.

Pennsylvania—J. W. Acheson, A. K. Ackerman, J. Aiken, J. B. Amberson, J. S. Ammons, W. S. Armstrong, J. P. Arthur, G. M. Ballou, P. A. Baratet, E. P. Bernardy, B. M. Bertolet, J. E. Bispham, H. Bobb, A. A. Bockius, A. H. Boyer, T. W. Boyer, J. H. Cathkart, J. Q. Carpenter, G. R. K. Clark, R. J. Clark, T. C. Clark, J. K. Crawford, W. E. Doughty, E. A. Enders, P. S. Fisher, T. H. Franklin, C. D. Fretz, J. Z. Gerhard, D. Gochnauer, H. A. Godshalk, A. B. Greasmer, E. Grumbine, F. B. Gulick, W. E. Haines, A. Harshberger, J. Hart, F. K. Hartzell, T. E. Heenan, H. A. Hellyer, W. A. Hoffman, C. F. Hunter, S. W. Hunter, E. Huntzinger, T. L. Johnston, T. W. Kenny, J. F. Larimer, S. W. Latta, J. J. Leiser, B. H. Leslie, C. G. Loose, R. S. McCombs, H. McGowan, S. S. Mehaffey, T. V. Miller, J. W. Millick, Jr., R. H. Milner, J. Mixsell, R. Moffett, E. B. Mosely, J. W. Murphy, J. A. Murphy, J. B. Mustin, E. L. Palmer, G. M. D. Peltz, W. G. Porter, Jr., G. Prizer, G. A. Rex, W. G. Robinson, G. Roberts, G. M. Romig, J. W. Roop, F. Ross, J. T. Rothrock, F. S. Schrack, J. H. Seyler, M. D., J. P. Sheibley, T. C. Stellwagen, W. Stites, N. W. Stroup, E. C. Swift, T. C. Van Fries, C. H. Vinton, J. B. Walter, D. R. Watson, S. S. White, J. G. Wilson, T. J. Young, J. G. Zern, L. S. Clark, H. P. Munholland, A. C. Van Harlingen.—94.

Delaware—H. R. Burton, E. C. Dunning, T. S. Jones, W. B. Maloney, M. D., G. T. Welch, H. H. Davis.—6.

Maryland—G. L. Horn, H. C. Henderson, J. A. Parker.

Virginia—R. G. Barelay, M. D., L. A. Dix, L. W. Jacobs, W. E. Pitman, N. Williams.—5.

West Virginia—C. E. Henderson, R. A. Marmon, G. A. Wright.

North Carolina—S. J. Brietz, S. W. Eaton, H. O. Hyatt, M. B. Pitt, J. C. Lawrence.—5.

South Carolina—W. Sinkler.

Mississippi—B. H. Whitfield.

Louisiana—J. B. Wise.

Texas—A. B. Washkom, W. E. Saunders, M. Kennedy.

Ohio—E. M. Wood, R. Trimble, C. C. Stouffer, M. D., A. T. Johnson, J. C. Hall, J. S. Beck.—6.

Kentucky—A. G. Drury.

Illinois—C. H. Moore, L. Ware, M. D.

Missouri—N. F. Essig.

Wisconsin—A. F. Muller, J. J. Blumer.

Tennessee—T. R. Watkins, R. A. Hooke, A. M. French, A. S. Brown.—4.

District of Columbia—G. R. Miller.

New Brunswick—E. S. Frost.

Cuba—L. V. Bablot.

Prussia—W. Steinmitz, M. D.

Total, 156.

After the degrees were conferred, Professor ROBERT B. ROGERS delivered the Valedictory Address, of which the following is a synopsis:

He tendered the graduates the congratulations of himself and on behalf of the Faculty, and then said: "The University of Pennsylvania was founded in 1749, and the Medical Department was instituted in 1765. The career of the institution has been illustrated by the genius and labors of such distinguished names as MORGAN, SHIPPEN, WOODHOUSE, BARTON, JAMES, WISTAR, HORNER, PHYSIC, CHAPMAN, DEWEES, HARE, GIBSON, JACKSON, HODGE, WOOD, and PEPPER, with their many eminent colleagues, men whose character and position in science and literature entitle them not only to the first places in the history of the institution, but to the highest rank in the annals of our country. Since the establishment of the institution twelve thousand individuals have prosecuted medical studies under her roof, and of these eight thousand have been invested with the professional title which you to-day so willingly receive."

He then alluded to the sacrifices made in pursuing their studies, and the responsibilities and duties now devolving upon them, and of the sacred pledges they had taken to consecrate their untiring energies to the profession they had adopted, and to exalt and elevate by all the powers with which they are endowed, and to dispense its blessings wherever disease or accident called for its ministering influences.

The present movement is not only one of ful-

filament but also of promise; you have accomplished much, but it is expected you will achieve more. Remember that life or death, humanly speaking, will depend upon your skill and knowledge, and the alleviation of pain upon your exertions. That we may fulfil these obligations, and by our practical labors in the profession, truly vindicate its title to the highest dignity and usefulness, we must not rest satisfied with the formal application of the precepts that we have learned and tested in the course of our studies, but it should be our endeavor to keep open in our minds all the converging avenues of collateral truth.

He then spoke of the guards upon medicine, of the investigations it led to, and the powers and persons it employed. "Thus are presented to the enlightened physician for his further perfection and studies the laws of chemistry, the use of the microscope, the study of botany and zoölogy, and the investigation of general physic," in the direction of science and humanity.

He then alluded to the improvement in hospitals for the insane, saying that the patient need no longer fear the restraint of the strait jacket, the chains that bound him to the wall, or the dreaded ducking stool, that now the remedies were discovered that could in many cases restore their reason. They were healthy gymnastic exercise, good healthy apartments, and proper care. He urged the importance of physicians cultivating themselves not only for the sake of companionship, but for the importance it gives them at the bedside and in the community where they reside, and urged upon them to make *Progress* their aim and *Onward* their motto, and cultivate intellect at the same time that his progress be marked with improvement of the heart. After some further remarks on their duty, etc., he concluded with an appeal to the graduates, urging them to observe a high sense of honor and personal dignity, and maintain and vindicate an elevated professional standing.

CHARITY HOSPITAL COLLEGE, CLEVELAND, OHIO.

The annual commencement exercises of Charity Hospital College were held at Garrett's Hall, February 27th. There was a good attendance of the members and friends of the institution. The exercises were opened with prayer by Rev. Mr. LEWIS, pastor of Westminster Church. A few brief introductory remarks, eminently appropriate, were made by Professor FIRESTONE. The address to the graduating class was delivered by Rev. Mr. LEWIS. It was an able effort, replete

with interest, and commanded the closest attention.

The Board of Censors presented the following report:

The Censors of Charity Hospital Medical College, after diligent participation in the examination of the present graduating class, take pleasure in reporting the institution in a very flourishing condition. It is young in years, but old in principle and precept. The talent of the class who this day receive the honors of their Alma Mater, calls forth the preceding expression.

There were four Theses presented for the prize medals, two of which deserve favorable notice—the one by J. H. HAGUE, and the other by ETHAN BLISS. Sufficient time and research were not given to entitle either to a prize.

JOEL POWERENE, M. D., *Pres't.*

The presentation of diplomas was made by Dr. J. W. RUSSELL, of Mount Vernon, Ohio, to thirty-three graduates.

Honorary degrees were conferred upon A. S. CRAFTS, of Mantua, and Dr. GONZALES, of Sparta.

The valedictory was delivered by Mr. S. Z. DAVIS, of the graduating class. It was a fine scholarly effort, and a worthy farewell to such an *alma mater*.

In the evening a supper was given at the Kenard House, by the Faculty, to the Board of Censors and the Counsellors of the College. It was the occasion of a very pleasant social reunion of the friends of the institution.

PENNSYLVANIA COLLEGE OF VETERINARY SURGEONS.

The Pennsylvania College of Veterinary Surgeons held their annual meeting at the hall, 702 Walnut Street, on Tuesday, the 10th inst., Dr. BERRY in the chair. The following officers were elected for the ensuing year.

R. JENNINGS, President, ISAIAH MICHENER, Vice-President; JAMES McCOART, Recording Secretary; H. B. RAYNER, Cor. Sec'y; T. B. RAYNER, Treasurer.

Dr. JENNINGS announced the death of Dr. McILROY, and Dr. BIRCH offered resolutions of condolence to the family, which was ordered to be published in the Ledger. T. B. RAYNER gave the history and treatment of a case of tetanus that came under notice. Dr. BIRCH gave the history and treatment of a case of fistula of the withers, the above subject was discussed at some length by the members. Dr. GEO. F. HEINECKE was elected a member of the college.

Delegates.

At a meeting of the Academy of Medicine, held at their Hall Cincinnati, March 17th, 1868, the following members were elected delegates to the American Medical Association to be held at Washington. D. C., in May next.

Drs. Charles Woodward, I. P. Walker, S. Sexton, J. A. Murphy, — Buckner, Thos. Mollvain, J. F. White, A. E. Heighway, — Rosenfeldt, W. R. Mussey.

Medical and Dental Legislation in Ohio.

The Legislature of Ohio has laid upon the table a bill, which was pending in the Senate, to regulate the practice of Medicine and Surgery in Ohio. The Profession of Ohio generally look with disfavor upon such legislation. Of course it elevates the quack schools as they hold charters from the State, and many consider such action contrary to the spirit of our institutions in this country. That it will not be protected by law, and that the profession does not need such assistance, it being grounded upon so firm a basis that such meddling action can only bring it into disrepute. The Dentists, however, are likely to get through a bill which may do some good, as their profession is different in many respects.

Heartburn.

Dr. F. W. PAVY (*Digestion and its Disorders*) says, in speaking of this very common complaint, that rich living is a frequent source of its production. He is inclined to think that the burning sensation at the pit of the stomach is due to a retrograde flow of bile into the cavity of the viscus, but Dr. LEARED believes it to be produced by butyric acid, either taken with pastries or formed in the process of imperfect digestion. The treatment advised is mainly comprised in the administration of alkaline reagents.—*Med. Gazette*, N. Y.

Anecdote of Dr. Rush.

Long before the temperance reform, a missionary from the West Indies sought medical advice from Dr. RUSH, and when a very unpalatable medicine was prescribed, the patient asked if he could not take a little "good old Jamaica" with it.

"No, sir," the Doctor decidedly replied.

"Why, sir, what harm will it do?" demanded the West Indian.

"What harm will it do?" continued Dr. Rush; "I am determined no man shall rise on the day of judgment, and say, 'Dr. Rush made me a drunkard.'" Wise and noble reply.

AMERICAN MEDICAL ASSOCIATION.

The *Nineteenth Annual Meeting of the American Medical Association* will be held in Washington, on Tuesday, May 5th, 1868, at 11 o'clock, A. M.

The following Committees are expected to report:

On Ophthalmology, Dr. Jos. S. Hildreth, Illinois, Chairman.

On Cultivation of the Cinchona Tree, Dr. J. M. Toner, D. C., Chairman.

On Surgical Diseases of Women, Dr. Theophilus Parvin, Ind., Chairman.

On Rank of Medical Men in the Navy, Dr. N. S. Davis, Ill., Chairman.

On Insanity, Dr. C. A. Lee, N. Y. Chairman.

On American Medical Necrology, Dr. C. C. Cox, Md., Chairman.

On Leakage of Gas Pipes, Dr. J. C. Draper, N. Y., Chairman.

On Medical Ethics, ——— Chairman.

On Plan of Organization, Dr. C. C. Cox, Md., Chairman.

On Provision for the Insane, Dr. C. A. Lee, N. Y., Chairman.

On Climatology and Epidemics: Dr. J. C. Weston, Maine; Dr. P. A. Stackpole, New Hampshire; Dr. Henry Janes, Vermont; Dr. Alfred C. Garratt, Massachusetts; Dr. C. W. Parsons, Rhode Island; Dr. E. K. Hunt, Connecticut; Dr. W. F. Thoms, New York; Dr. Ezra M. Hunt, New Jersey; Dr. D. F. Condie, Pennsylvania; Dr. O. S. Mahon, Maryland; Dr. Juriah Harriss, Georgia; Dr. Geo. Engelman, Missouri; Dr. R. Miller, Alabama; Dr. T. J. Heard, Texas; Dr. R. C. Hamil, Illinois; Dr. J. F. Hibberd, Indiana; Dr. T. Antisell, District of Columbia; Dr. J. W. H. Baker, Iowa; Dr. Abm. Sager, Michigan; Dr. J. W. Russell, Ohio; Dr. F. W. Hatch, California; Dr. Joseph Jones, Tennessee; Dr. E. A. Hildreth, West Virginia; Dr. Samuel Willey, Minnesota.

On Clinical Thermometry in Diphtheria, Dr. Joseph C. Richardson, N. Y., Chairman.

On the Treatment of Disease by Atomized Substances, Dr. A. G. Field, Iowa, Chairman.

On the Ligation of Arteries, Dr. Benj. Howard, N. Y., Chairman.

On the treatment of Club-Foot without Tenotomy, Dr. L. A. Sayre, N. Y., Chairman.

On the Radical Cure of Hernia, Dr. G. C. Blackman, Ohio, Chairman.

On operations for Hare-lip, Dr. Hammer, Mo., Chairman.

On errors of Diagnosis in Abdominal Tumors, Dr. G. C. E. Weber, Ohio, Chairman.

On Prize Essays, Dr. Chas. Woodward, Ohio, Chairman.

On Medical Education, Dr. A. B. Palmer, Mich., Chairman.

On Medical Literature, Dr. Geo. Mendenhall, Ohio, Chairman.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

W. B. ATKINSON,

Permanent Secretary.

S. W. cor. Broad and Pine Sts.,

Philadelphia.

MEMORANDUM.

For the information of persons desirous of entering the Medical Corps of the U. S. Army.

For the information of persons desirous of entering the Medical Corps of the U. S. Army.

In our advertising columns will be found a call for assistant surgeons for the medical corps of the U. S. Army.

As inquiries are frequently made as to the mode of procedure for a position in the army, we publish the following extracts from a circular from the Surgeon General's office, and will forward the circular to any desiring it.

All candidates for appointment in the Medical Corps, must apply to the Surgeon-General, U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the handwriting of the candidate, stating age and birthplace, and be accompanied by testimonials from Professors of the College in which he graduated, or from other physicians of good repute. If the candidate has been in the Medical service of the Army during the war, the fact should be stated, together with his former rank, and time and place of service, and Testimonials as to qualifications and character from Officers with whom he has served should also be forwarded.

Candidates must be graduates of some regular Medical College, proof of which must be submitted to the Board before examination, and must be between 21 and 30 years of age.

The morals, habits, and physical and mental qualifications of each candidate will be subjects for careful examination by the Board, and a favorable report will not be made in any case in which there is a reasonable doubt.

The following will be the general plan of examination:

1. A short essay, either autobiographical or upon some professional subject—to be indicated by the Board.

2. Physical examination. This will be rigid, and each candidate will be required to certify "that he labors under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate."

3. Examination as to general aptitude and education.

4. Written examination on anatomy, physiology, hygiene, surgery and practice of medicine.

5. Oral examination on each of the above mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence and materia medica.

6. Clinical examination, medical and surgical, at a hospital.

7. Performance of surgical operations on the cadaver.

The Board will deviate from this general plan whenever necessary, in such manner as they deem best to secure the interests of the service.

The Board will report the merits of the candidates in the several branches of the examination, and their relative merit in the whole, according to which, if vacancies exist within two years thereafter, the approved candidates will receive appointments and take rank in the Medical Corps.

An applicant failing at one examination, may be allowed a second after one year, but not a third.

No allowance will be made for the expenses of persons undergoing examination, as this is an indispensable prerequisite to appointment, but those who are approved and receive appointments, will be entitled to transportation on their obeying their first order.

If the result of the examination of a candidate be satisfactory he will be offered a contract for duty as Acting Assistant Surgeon until such time as he can be appointed or commissioned as Assistant Surgeon.

The monthly pay and emoluments of Surgeons and Assistant Surgeons are shown by the following table.

Assistant Surgeon, under three years' service, \$33 33, which with rations and allowance for servants, makes an aggregate of \$120 83.

Assistant Surgeon, over three years' service \$70 00, which with rations and allowance for servants, makes an aggregate of \$187 50.

Assistant Surgeon over ten years' service, \$70 00, which with rations and allowance for servants, makes an aggregate of \$173 50.

Surgeon under ten years' service, \$10 00, which with rations and allowance for servants, makes an aggregate of \$179 00.

Surgeon, over ten years service, \$30 00, which with rations and allowance for servants, makes an aggregate of \$215 00.

Forage is furnished for horses when actually kept.

In addition to the above, Surgeons and Assistant Surgeons are allowed an additional ration per day, after the termination of every five years service.

Quarters and fuel, or commutation therefor, are also furnished to Medical Officers.

CHANGES IN THE NAVY.

List of changes etc., in the Medical Corps of the Navy, during the week ending March 21, 1868.

Surgeon H. C. Nelson, and Ass't Surgeon H. J. Babin, detached from U. S. Ship Sabine on 1st April, and await orders.

Assistant Surgeon Robert Redington, ordered to duty at N. Hospital, New York.

Assistant Surgeon Wm. B. Jones, ordered to duty at Naval Hospital, Norfolk, Va.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

ARTHURS-BALLOU.—On Thursday evening, March 12th 1868, at the residence of the bride's father, by the Rev. Wm. Preston, D. D., Biddle Arthurs, M. D., and Emma, only daughter of Arthur Ballou, all of this city.

BRADFORD-CLARK.—March 17, at the residence of the bride's uncle, Gen. Samuel J. Hunt, by the Rev. John Hall, D. D., Frank Standish Bradford, M. D., and Miss Sarah J., daughter of the late Capt. Andrew Clark, all of New York.

GIRARD-EPPING.—March 3d, at the present residence of the bride's father, Charleston, S. C., by the Rev. Dr. Bachman, Dr. Alfred C. Girard, Ass't Surg. U. S. Army, of Switzerland, and Miss Annie R. Epping, youngest daughter of J. P. M. Epping, U. S. Marshal for South Carolina.

DIED.

NOBLE.—In Chicago, March 10th, Willie Bostwick, son of Dr. Samuel B. Noble, aged 8 years and 2 months.

PORTER.—In Kalamazoo, Mich., March 13, of erysipelas metro peritonitis, Adelaide L. Porter, wife of Dr. Moses Porter, and daughter of R. F. Johnson, Esq., of Detroit.

QUIMBY.—In Jersey City, of diphtheria, March 13th, Mary Helen, only daughter of Dr. J. N. and Ellen S. Quimby.

METEOROLOGY.

March,	9.	10.	11.	12.	13.	14.	15.
Wind.....	N. E.	W.	N. E.	N. E.	S. W.	S.	S. W.
Weather....	Clear.	Clear.	Clear.	Cl'dr.	Cl'dr.	Cl'dr.	Clear.
Depth Rain.					9-10		
Thermometer.							
Minimum.....	33°	33°	35°	27°	35°	29°	39°
At 5, A. M.....	45	47	40	35	41	45	48
At 12, M.....	51	59	49	39	49	59	57
At 5, P. M.....	52	60	49	39	49	59	57
Mean.....	45.25	49.75	43.25	35.	43.50	48.	50.25
Barometer.							
At 12, M.....	30.5	30.3	30.6	30.4	29.9	30.	30.1
Germantown, Pa.	B. J. LEEDON.						

PHILADELPHIA SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.
JAMES H. HUTCHINSON, M.D.
H. LENOX HODGE, M.D.
EDWARD A. SMITH, M.D.
D. MURRAY CHESTON, M.D.
HORACE WILLIAMS, M.D.
GEORGE C. HARLAN, M.D.

The Fourth Session of the PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin March 1st, 1868, and will continue until October.

CLINICAL INSTRUCTION will be given from the first of March to the first of October.

LECTURES AND EXAMINATIONS will take place daily during April, May, June, and September.

EXAMINATIONS.

ANATOMY, CHEMISTRY, PHYSIOLOGY,
SURGERY, MATERIA MEDICA, OBSTETRICS,
PRACTICE OF MEDICINE.

OPERATIVE AND MINOR SURGERY.—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. LENOX HODGE, M.D.
PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.—Lectures and Clinical Examination of Patients, by JAMES H. HUTCHINSON, M.D.

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